

CLINICAL INVESTIGATION DEPARTMENT

NAVAL MEDICAL CENTER – SAN DIEGO

DATA COLLECTION FOR REVIEWS PREPARATORY TO RESEARCH
(45 CFR 164.512)

Check One or More Entities:

- | | |
|--|--|
| <input type="checkbox"/> NMCS D | <input type="checkbox"/> Naval Medical Clinic Pearl Harbor |
| <input type="checkbox"/> Naval Health Research Center | <input type="checkbox"/> Naval Hospital Guam |
| <input type="checkbox"/> Naval Hospital Bremerton | <input type="checkbox"/> Naval Hospital Yokosuka |
| <input type="checkbox"/> Naval Hospital Oak Harbor | <input type="checkbox"/> 32 nd Street Naval Station Br. Med. Clinic |
| <input type="checkbox"/> Naval Hospital Okinawa | <input type="checkbox"/> Naval Training Ctr. Br. Med. Clinic |
| <input type="checkbox"/> Naval Hospital Camp Pendelton | |

Principal Investigator Name: _____

Department: _____

Telephone No.: _____ Pager No.: _____

Fax No.: _____

I understand that the approval of this request to conduct data collection review preparatory to research is contingent upon the following:

1. The use or disclosure is required solely to review protected health information (PHI) as necessary to prepare a research protocol or for similar purposes preparatory to research;
2. No protected health information (PHI) will be removed from the covered entity (entity[s] checked above) by the Principal Investigator in the course of such review; and,
3. The protected health information (PHI) for which use or access is sought is necessary for the research purposes.

I declare that I will carry out my study-related data collection in compliance with the above.

Signature of Principal Investigator

Date